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THE PANNUS ADAPTER

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The present invention relates to surgical equipment and in particular, to a device that is intended to support and contain a pannus during a surgical procedure to provide unobstructed access to the surgical site and provide, post-surgery, a clean site that is exposed to air to promote proper healing. A pannus is a medical term for a hanging flap of tissue. When involving the abdomen, it is called a panniculus and consists of skin, fat and sometimes contents of the internal abdomen as part of a hernia. A pannus can be the result of obesity which unfortunately is becoming more and more widespread in society. The pannus is particularly troublesome and must be properly dealt with during the delivery of a child from an obese woman. It is generally understood that the term "obese" actually refers to anyone who is more than 30% over their ideal body weight. In 1962, 13% of the American population was classified as obese. By 1994, this number had increased to 23%. Yet, just six years later in 2000, this number had skyrocketed to over 30%. Today, an estimated two-thirds of Americans are considered overweight while one is three is obese. Obesity can put a woman and her baby at risk for serious health complications as well as complications during delivery of such a woman who is obese during pregnancy has an increased risk of experiencing problems during delivery and labor is more likely to be slow and prolonged, thus increasing the likelihood of cesarean section. The presence of a pannus during a cesarean section complicates the overall process and additional procedures must be followed to prepare the woman for surgery. As is known, in a conventional cesarean section procedure, after the skin is thoroughly cleansed with an aseptic solution and sterile drapes spread over the surgical field, the abdomen is entered by making an incision through all the layers of the abdominal wall: the skin, the fat and then several muscle layers and muscle sheaths (fascia). This incision can be made either vertically below the umbilicus like a zipper, or horizontally right above the pubic bone, a "bikini cut". Recent studies as well as personal experience have found that maternity units are not particularly well equipped for obese pregnant women. Presently, fairly crude techniques are used to deal with obese pregnant women that have a pannus that is obstructing the abdomen area where the cesarean section is to be performed. For example, in order to push the pannus back and hold the pannus away from the underlying tissue where the cesarean incision is to be made, an elongated band, such as adhesive tape, duct tape, surgical tape or the like, is attached to the lower abdomen above the incision on either side and is pulled up and back with sufficient force to lift the pannus away from the underlying tissue, and the other end of the band is fixedly attached to another structure. The structures to which ends of the band are attached can be legs of the bed or other fixtures in the operating room. Once the pannus is lifted, the surgical procedure continues. After delivery of the baby, the incision is closed. Unfortunately, the pannus is left to hang back over the incision. The hanging of the pannus over the incision provides a warm, moist area where the bacteria thrive, and proper healing is more difficult. Hence The Pannus Adapter is innovative in that it will provide proper sterile technical support that is worn by the patient and not attached to an IV pole in some archaic fashion. Not only is it designed to be worn prior to a surgical procedure, such as a cesarean section, but also after it during the recovery period for proper wound healing. It also appreciates that while a cesarean section is described herein as being

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a surgical procedure that is complicated by the presence of a pannus, any surgical procedure where an incision is made in the abdomen or proximate area that is covered by a pannus is equally complicated the presence of a pannus. In effect it can be used for abdominal hysterectomies, or any surgical laparotomies. The Pannus Adapter as stated above solves the problem of a surgical field unobstructed by the pannus with a device that is sterile. The presence day of using duct tape and tying the ends of the tape to the surgical bed or IV pole is archaic and non-sterile. In addition, the decrease in wound infections, wound dehiscence and better back and abdominal support post-surgery would be solved by the Pannus Adapter.

BIOGRAPHY

Paige L Long Sharps graduated from the University of Medicine and Dentistry of New Jersey in 1988. She entered an Obstetrical and Gynecology residency program at Columbia University-Harlem Hospital. Her ultimate goal of becoming affiliated with a University-program within a multi-ethnic urban community was achieved upon joining Montefiore Medical Center. She was the Medical Director for the Grand Concourse Division for Montefiore's Medical Center, Obstetrics & Gynecology and Women's Health for the last 10 years. Never settling, she continue to pursue more career goals, and have recently developed a medical device which was patented on July 2014, the Pannus Adapter. Currently, because of her love for teaching she is working as an Adjunct Professor in the Physician Program at Pace University, New York.

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